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ABSTRACT

In-depth case studies were conducted in six states, concerning interagency service coordination in implementing Part H of Public Law 99-457, which calls for a comprehensive and coordinated system of service delivery to developmentally delayed infants and toddlers and their families. Major findings included: (1) states were unable to answer questions critical to developing service coordination; (2) states were at different levels in the development of a vision of and a process for interagency service provision; (3) states' purposes in coordinating services were to coordinate a single aspect of the service system for developmentally delayed children, coordinate all services for developmentally delayed children, coordinate services for developmentally delayed and at-risk children, or coordinate all programs for children; (4) approaches taken were single agency only, single agency dominant, single agency as ringmaster, or separate interagency unit; (5) states varied in the number of factors facilitating the development of policies for interagency coordination; and (6) patterns emerged for successful development of interagency service coordination. Appendices contain a review of the literature and a discussion of the study's research methodology. (Contains approximately 35 references.) (JDD)

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Carolina Institute for Child and Family Policy

INTERAGENCY SERVICE COORDINATION: INITIAL FINDINGS FROM SIX STATES

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GLORIA L. HARBIN
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CAROLINA POLICY STUDIES PROGRAM

FEBRUARY, 1991

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Executive Summary

P.L. 99-457 calls for a comprehensive and coordinated system of service delivery to developmentally delayed infants, toddlers, and their families. Prior to the passage of this legislation, states reported an average of three to four agencies with major responsibilities for providing and adminstering services to young children with handicaps (Meisels, Harbin, Modigliani & Olson, 1988). While the coordination of services has been accepted as a logical strategy for improving services, it has been difficult to operationalize and implement successfully (Brewer & Kakalik, 1979; Gans & Horton, 1975).

In order to better understand the complex and multidimensional concept of interagency service coordination, CPSP conducted six in-depth case studies. This report describes the findings from Year I of a multi-year study. Our analysis revealed six major findings:

1. States were unable to answer some questions that are critical to developing service coordinatioon, such as, which services would be provided and coordinated by which agencies;

2. States were at different levels (ranging from beginning to advanced) in the development of a vision of -- as well as development of a process for -- interagency service provision;

3. States had four major purposes for the coordination of services, which were to: (a) coordinate a single aspect of the service system for developmentally delayed, (b) coordinate all services for developmentally delayed children in order to achieve uniformity across programs and agencies, (c) coordinate services for developmentally delayed and at-risk children, and (d) coordinate all programs for children;

4. There were basically four approaches taken by states to coordinate services across agencies and programs: (a) single agency only, (b) single agency dominant, (c) single agency as ringmaster, and (d) separate interagency unit;

5. States vary in the number of broad factors (from one to six) interacting to facilitate the development of policies for interagency coordination; and

6. Some interesting patterns and themes emerged as necessary for successful development of interagency service coordination (e.g. states with previous experience in service coordination had a broader purpose for coordination).

This paper makes and discusses four recommendations that, if utilized in combination, should help facilitate interagency service coordination. These recommendations are:

1. Select an approach to service coordination that is consistent with the purpose of coordination and which also is consistent with the way services are delivered;

2. Look for and build leadership that is condusive to establishing interagency relationships;

3. Develop structures, mechanisms, and processes that facilitate coordination at multiple levels;

4. Commit staff time and resources in order for service coordination to occur.

Introduction

The Carolina Policy Studies Program (CPSP) has been charged with studying states' implementation of P.L. 99-457. This legislation calls for a comprehensive and coordinated system of service delivery to developmentally delayed infants, toddlers, and their families. Prior to the passage of this legislation, states reported an average of three to four agencies with major responsibilities for providing and administering services to young children with handicaps (Meisels, Harbin, Modigliani, & Olson, 1988). While the coordination of services has been accepted as a logical strategy for improving services, it has been difficult to operationalize (Brewer & Kakalik, 1979; Gans & Horton, 1975). In order to better understand the complex and multidimensional concept of interagency service coordination, in-depth case studies were conducted in six diverse states.

This report describes the Year 1 findings of the multi-year interagency service coordination study. Due to the complexities of the interagency service coordination process, and the fact that the states had only recently begun planning for the implementation of P.L. 99-457, it would be impossible to explain all aspects of service coordination in a one year study. Thus, the main purpose for the first year of this multi-year study was to describe the approaches to interagency service coordination taken by states and factors that facilitate coordination. It will be the focus of the succeeding reports to describe and explain the strategies used to facilitate

service coordination and the affects of those strategies. The goals of this study were to (1) obtain detailed information concerning the development and implementation of policies, mechanisms, and structures related to interagency service coordination at the state, local, and individual child levels, and (2) to begin to describe and explain the different approaches to interagency service coordination, along with the factors that contributed to enhancing coordination.

What We Learned From Case Studies

This section contains the major findings of how six diverse states are attempting to coordinate services for children and their families. These findings need to be understood within the context of two very important aspects. First, states had participated in this complex federal program for only one to one and a half years at the time this study was conducted. Thus, they had barely begun the process of implementing P.L. 99-457. Second, since the legislation contains a multi-year, three-stage implementation process, it will be important to see if the findings in this first year remain the same, or change over time, as the nature of the implementation process evolves and changes.

Unanswered Questions

Since states participated in this federal program for a short time, there were some questions that states were unable to answer. Even those states that had an existing service system were required to re-conceptualize their system of services in some way. Thus, it

is not surprising that in that short time frame states had not determined all aspects of service delivery.

For the most part, states were unable to list exactly which services would be provided and coordinated by which agencies. Those interviewed had a general idea but had not fully designed the service system. Neither could interviewees answer the questions relating to the specifics of case management. State policy developers were still in the process of determining how the case manager would be selected, exactly what the role of the case manager would be, who would pay for case management, and what kind of authority the case manager would have related to providers from different agencies, or private providers for that matter. Those interviewed in states also were not certain about the role of the IFSP in relationship to interagency service coordination.

In general, interviewees in the case study states also had difficulty in delineating the role of the ICC in the process of service coordination. In many instances, the ICC was engaged in helping to design the service system. ICC members, lead agency staff, and Part H staff had not yet begun to discuss whether the ICC would have some role to play in service coordination once the service system was implemented.

It is hoped that future visits will provide information on these topic areas. A full understanding of the effects of various approaches to coordination is not possible without knowledge about the number and types of services to be coordinated, the number and types of agencies participating, and the role of the ICC or a similar

body in the coordination of services to individual children and families.

Different Developmental Levels

The case study states began the implementation of P.L. 99-457 at four different levels of interagency service coordination: beginning, low moderate, high moderate, and advanced. Figure 1 presents a visual representation of these four levels.

Advanced. Two of the case study states began the implementation of P.L. 99-457 with an established formal interagency structure, process and policies for the coordination of services across agencies and programs. While these states had been implementing an interagency service system for several years, the requirements of P.L. 99-457 have necessitated a re-examination of various programmatic and administrative aspects of their coordinated service delivery system. These case study states are building upon their established interagency structure, process and staff to make the revisions needed in the service system and policies.

High Moderate. One of the case study states had a rich history of interagency coordination that was largely informal in nature. Since several of the division directors had cooperated on attempting to coordinate services for a variety of populations of children, this provided a strong foundation in this state for the coordination of services related to infants and toddlers across agencies. The lead agency also had initiated a variety of state level interagency efforts for young children with handicaps, and had used federal funds to develop local interagency projects for young

Figure 1

Developmental Levels of Interagency Service Coordination

Beginning of Implementation of PL 99-457, Part H (1987)

- Some efforts at local levels
- Few efforts at coordinating across agencies/programs

- Existing individuals with some history and experience in coordination
- Some experience in coordinating at state level

- Existing group of decision makers with history of interagency coordination
- Numerous informal agreements
- Numerous local interagency initiatives funded by lead agency

- Existing interagency decision making
- Existing Policies
  - -Structure
  - -Process
  - -Staff
  - -Initiatives

children with special needs. Thus, this state contained both a current climate conducive for, and experience in, interagency service coordination.

Low Moderate. Another case study state had some experience with interagency service coordination. It was also informal, but there were fewer attempts, and no single agency had seen service coordination as its goal. However, there were a number of state agency staff who worked together in previous efforts for children with special needs, who are currently involved in planning the coordinated service system for Part H.

Beginning. The remaining two case study states had very little state level experience in interagency service coordination for infants and toddlers. In one of the states, the lead agency for Part H had jointly developed policies and procedures with the State Department of Education. The focus of this agreement was to provide for a more successful transition between services for infants and toddlers and special education and related services for preschool children. It is interesting to note that the lead agency in both of these states is a relatively large state agency containing many programs which could relate in one way or another to Part H. However, these states had very little experience in intra-agency coordination.

States Have Different Purposes For Coordinating

The service coordination literature often lists a variety of purposes for interagency service coordination. Among these purposes are: (1) to reduce gaps in service provision; (2) to reduce overlaps in service provision; (3) to better coordinate services to

individuals; (4) to reduce inconsistencies in the nature of intervention services provided by various agencies (Magrab & Elder, 1979; Christensen, 1982). P.L. 99-457 requires each participating state to develop and implement a statewide comprehensive, coordinated, multidisciplinary interagency system of early intervention services. The law does not state specific purposes for this coordination. However, the nature of the requirements of the law would seem to indicate that the purposes listed above were of the utmost importance. Examination of data from the six case study states indicated that these states had four different more global purposes in order to achieve the four purposes of coordination of services listed above. States varied not only as to which of the four purposes they selected, but also in the number of purposes they delineated for coordination. Figure 2 presents the variety of purposes selected by our sample states.

Single Aspect. The first purpose for coordination is the most narrow in scope. The interview data indicated that state policy makers in two states intended to coordinate individually with a single agency around a single program aspect, instead of with several agencies around several program aspects. In most cases, the area targeted for coordination is the transition between children moving from Part H early intervention services to preschool services provided by special education.

Coordinate Services to Achieve Program Uniformity. The second purpose in three states was to make the various early intervention programs for developmentally delayed infants and toddlers provided by several different agencies more uniform. In

Figure 2

PURPOSES:
SCOPE OF COORDINATION

Coordinate single aspect of the service provision for Developmentally Delayed

Coordinate services for Developmentally Delayed to achieve uniformity across programs / agencies

Coordinate services for Developmentally Delayed and At-Risk

Coordinate services for Developmentally Delayed, At-Risk and other Children's Initiatives

some states there are three or more agencies (such as the Departments of Mental Health, Mental Retardation, and Education) that are providing early intervention services to various populations of infants with disabilities. In most instances the nature of services provided, the program standards, as well as the qualifications of the personnel providing the programs differ. As a result, parents, advocates, and service providers have complained about the disparities and inequities among these diverse programs. For example, some programs are full day programs, others are home-based twice a month visits; some programs are full year and some are nine months only. In an effort to make these diverse programs more similar, some states have begun the process to coordinate the policies and services of these agencies and their intervention programs.

Coordinate Services for Developmentally Delayed and At-Risk. The third purpose for coordination is a bit broader. In this instance, states are seeking not only to coordinate the agencies and programs providing the required eleven early intervention services provided to developmentally delayed infants and toddlers, but to coordinate with, or influence, other relevant programs (e.g., EPSDT). In most of the case studies states, for example, there are several child identification and tracking programs focusing on specific populations of children. There are screening and tracking programs for low birth weight children, children with genetic disorders, children eligible for EPSDT, and children eligible for special education and related services. Each of these programs has its own screening procedures and criteria for entry into the tracking

system. Similarly, each program has designed the tracking system to enter and store data in a different way. Some developmentally delayed children, as well as many children at risk of developing delays, are included in more than one of these systems. Therefore, three states have chosen to coordinate a variety of categorical programs for developmentally delayed and at-risk children in order to reduce gaps and overlaps in the various components of the service system (e.g., screening, tracking, assessment, etc). In addition, it is an attempt to better coordinate and manage the information about those children who appear in more than one program.

Coordinate All Children's Initiatives. The fourth purpose addressed by one of the case study states is the broadest in scope. Those individuals interviewed in this state wanted not only to coordinate the programs for developmentally delayed and at-risk infants and toddlers, but also to coordinate with the various initiatives for all young children and their families. In other words, they were seeking to address the need for a variety of services to enhance the development of all children in their state. This state is participating in a program sponsored by the National Governors' Association to restructure state agencies' approaches for the provision of all services to all children and families.

The purpose for coordination selected most frequently by the case study states was the second purpose described. That is, states were most interested in coordinating the eleven early intervention services for infants and toddlers with developmental delays provided by the various agencies and programs, in order to provide more comparable intervention services across agencies. One of the

case study states indicated interest in three of the purposes. Two of the states were interested in two of the four purposes related to coordination, while three of the states had primarily one purpose for the coordination of services. The scope and number of the purposes affects the scope of the population, and hence, the scope of the coordination efforts, as well. As states approach their coordination efforts, they either knowingly or unknowingly also develop a structure, process and approach to address the scope of their coordination efforts and tasks.

Approaches to Coordination

Coordinating services to developmentally delayed infants and toddlers could encompass the coordination of a range of programs and initiatives. The number of programs and agencies involved in coordination efforts is related to the state's vision of the service system. Of equal importance, is how many and which agencies are providing these services. Coordinating ten services provided by a single agency could be easier than coordinating two services provided by two different agencies. As states seek to determine which services will be coordinated by which agencies, they must decide the basic approach that will be used to make decisions and coordinate these early intervention services. The data from the case studies states indicate that there are four approaches taken by states in order to accomplish the purposes for service coordination described earlier. These four approaches to coordination differ with respect to the administrative structure and decision making process, authority and autonomy of members, amount of cooperative planning, policies, and personnel roles. Analysis of the case study

data indicates that out of a possible four approaches to the coordination of services, the six case study states are currently utilizing three. Figure 3 presents a brief description of each approach.

Single Agency Only. One of the four approaches to interagency service coordination is a single program within a lead agency that provides all of the required early intervention services and, therefore, has no need to coordinate with other agencies. In other words, all services and all policies are developed, provided and controlled by a single program within a single agency. None of the case study states appears to be utilizing this particular approach.

Single Agency Dominant. In the second approach, the lead agency provides most of the required early intervention services and does not negotiate many interagency agreements. When the need arises, however, the lead agency plans and negotiates individually with other agencies. Therefore, there are only two agencies at a time that must agree. Thus, each agency continues to keep its own autonomy and authority. These kinds of interagency agreements are most often used to clarify agency responsibilities. There are two states using this approach.

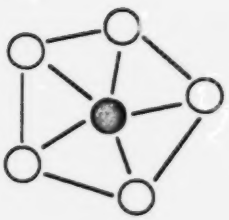
Lead Agency as Ringmaster. In the third approach, the lead agency serves as the ringmaster. Lead agency staff identifies the need, and provides the leadership for a group of agencies to cooperatively or jointly plan the delivery of coordinated services. The lead agency becomes responsible for the coordination and administration of the interagency effort, utilizing agency staff and resources to accomplish this. While the agencies plan together, they

Figure 3

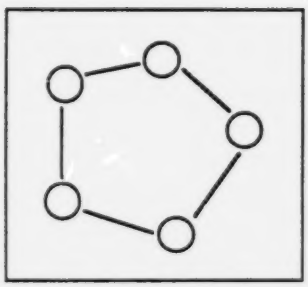
Approaches to Interagency Service Coordination

Single program within Lead Agency.
Provides all services – no need for coordination

Program within lead agency provides most of the services. Negotiates very few agreements, but when necessary negotiates individually with agencies.



Lead Agency acts as Ring Master. Provides leadership for coordinated planning and policy development. Lead agency responsible for administration of interagency efforts. Resources for this coordinative responsibility come primarily from the lead agency. Agencies remain autonomous.



Interagency unit is a legal entity within state government with rulemaking authority, as well as having its own budget and staff.

remain autonomous and maintain their own policies and procedures. Since cooperative planning has taken place, the policies and procedures of all of the agencies are complementary. Interagency agreements in this approach are generally signed by all of the agencies involved in the cooperative planning and service delivery process. Two states in this study are using this approach.

Separate Interagency Unit. In the fourth and final approach, the interagency effort becomes a legal unit within the state government structure, with personnel employed by this interagency unit. Interagency decisions are made by the collaborative unit which is made up of a representative from each agency, and there is equality in decision-making. This interagency body has rule-making authority, and thus, has it's own policies that are separate from the member agencies. The primary loyalty of the interagency staff is to the interagency effort, with secondary loyalty to individual agencies. There are two states of the six case studies using this approach. See Figure 3 for a visual representation of each of the four approaches.

States Vary In The Number of Enabling Factors

The literature suggests that for interagency service coordination to occur effectively, a combination of factors are required. The literature suggests that those describing and investigating interagency service coordination have selected many of the same or similar dimensions. They have chosen to group those dimensions in different ways. For the purposes of this study, the broad factors of history and climate, resources, people, process, structure, and policies were selected as those most likely to

influence successful interagency service coordination. Each of these broad factors is briefly described in the Conceptual Framework section of Appendix C. Results of the case studies indicated that the states varied from having as few as one influential factor, to as many as six factors interacting to facilitate the coordination of services across agencies. In addition, some of the factors within a particular state were stronger than others in their contribution to coordination. Figures 4 and 5 briefly describe each of the enabling factors for each of the case study states.

An examination of the three states with numerous factors facilitating interagency service coordination yields several findings (see Figure 4). First, these three states were advanced in the level of service coordination when they began the implementation of P.L. 99-457. Two of the states were rated as advanced in their level of service coordination and the other state was rated as high moderate (see Figure 1). Second, the states with the most enabling factors all had similar purposes for the coordination of services. Finally, these states had selected more complex approaches to the coordination of services across agencies (see Figure 3).

Those states with few factors interacting differed in the number of factors, as well as in the level of influence of the factors. States described in Figure 5 began the implementation of P.L. 99-457 with less experience in interagency service coordination. For the most part, the agencies in these states had acted fairly autonomously. Two of these three states had selected as their purpose for coordination that of coordinating with another agency concerning primarily one aspect of service delivery (i.e. transition).

STATES WITH NUMEROUS FACTORS FACILITATING INTERAGENCY SERVICE COORDINATION

	State 1	State 2	State 3
History Climate	•Positive history of use of existing interagency structure, process and policies. •History of inclusion of parents and service providers in planning and policy development. •Continuity of leadership.	•Positive history of use of existing interagency structure, process and policies •Support from parents and legislature •Current favorable climate for Part H - Early Intervention seen as one of the most effective programs in the state	•Interagency initiatives sponsored by lead agency •Long history of trusting working relationship among division directors in agencies and individuals from key constituencies •Continuity of leadership •Current favorable climate for childrens issues
People	•Support and participation from multiple areas: agencies, parents, providers, legislature, Commissioner of Education •Division Directors in agencies and Part H have longstanding trust relationship with collaborative attitude and skills •Share vision of service system.	•Support for coordination from multiple sources: agencies, legislature, parents and service providers •Policy Council contains decision makers from agency •Part H Coordinator providing leadership •Part H Coordinator and staff have collaborative attitude and skills	•Lead Agency Division director trusted and providing leadership •Lead Agency Division director and Part H staff with collaborative skills •Support from Division Directors and staff from all agencies •Support from key constituencies •Support from Governor's office •Key people have influence in multiple areas •Shared vision across constituencies •Part H staff have diverse backgrounds and professional expertise
Structure	•Formal interagency structure at state and local level •Structure designed to facilitate coordination between state and local level •Formal structure is semi-autonomous with rule making authority	•Mechanisms at different levels which facilitate coordination (State, Regional, Local) •Formalized interagency structure that is semi-autonomous with rule making authority •Equality among agencies •Part H staff serves as liaisons to all agencies	•State leadership group of Division directors who focus on child policy •Some Part H staff are liaisons with other agencies •Key people on multiple childrens' committees •Governor's office has umbrella program to coordinate all children's initiatives
Process	•Formalized interagency decision making process •Participation by key constituencies •Use of informal process to facilitate formal process and structure over time •Use of pilot sites to help in policy development	•Formalized interagency decisionmaking process •Includes parents and service providers as well as agencies •Use of RFP process that requires coordination in order to receive state funding	•Participation by all key constituencies including Governor's office and other children's initiatives •Heavy reliance on informal process and multiple group membership •Use of systematic cooperative planning process including Lead Agency, ICC and other EC initiatives •RFPs that require coordination and are reviewed by all key constituencies
Policies	•Legislation mandates coordination, establishes the structure and process for coordination •Joint program standards used by all agencies and providers	•Formal legislation to describe and support interagency structure and process •Joint program standards used by all agencies and all providers	
Resources	•Successful local coordination projects •Use of state money and Part H money to facilitate coordination.	•Directors Forum serves as a sounding board for policy development •Successful local coordination projects •Use of State money and Part H money to facilitate coordination	•Successful local coordination projects •Use of Part H money to promote coordination at state and local levels

Figure 5

STATES WITH FEW FACTORS FACILITATING INTERAGENCY SERVICE COORDINATION

	State 4	State 5	State 6
History Climate	•History of nationally recognized programs in all agencies •History of some state interagency initiatives for young children with special needs		
People	•Agency decision directors included on ICC •Many agency participants and Part H coordinators have history of working together •Part H Coordinator providing leadership, has experience and skills in collaborative planning •Private sector included •Part H coordinator with a vision of system and necessary structure and policies	•Lead Agency Director with vision of inter- and intraagency service systems who also has leadership skills •ICC Chair seen as a "bridge builder"	•Division Director of lead agency seen as individual within lead agency as capable of implementing a new program •Core group of ICC members with expertise and experience with other interagency initiatives
Structure			
Process	•Use of a systematic planning process including all relevant constituencies •Use of informal process through trusting relationships		
Policies		•Interagency agreement with policies and procedures to facilitate transition from early intervention to preschool that was developed by four key state staff and local service providers from both agencies	
Resources			

State 4 presents an interesting exception to the other states in Figure 5. This state began the implementation process at a low moderate level of interagency service coordination. While there had been some formal efforts at coordination, these attempts varied in length of duration, as well as the population of focus. However, State 4 saw P.L. 99-457 as an opportunity to develop a more permanent and legitimate process for coordinating the efforts of various agencies.

Hence, state agency policy makers in this state wanted to develop a service system that coordinated services for children at risk, as well as those with developmental delays. They also selected one of the more complex approaches to the coordination of services. State agency staff and ICC members felt that the location of the lead agency in the Governor's office would enable them to develop this comprehensive, complex service system for a broader population of children. However, this state suffered an "identity crisis" when the Governor moved all interagency initiatives out of his office and re-located them in existing state agencies. This change in the location of the lead agency within state government had the Part H staff and the ICC trying to determine if, and how, they could continue with their original purpose and approach to service coordination.

In the original approach to coordination, the lead agency could "lead" because it was not one of the service provision agencies. This structure and approach also allowed the lead agency to ensure a more equal balance of power among the participating agencies. The

selection of one of the service provision agencies as lead, then, changed the balance of power.

This significant barrier to interagency service coordination absorbed a great deal of time and energy that could have been used to continue planning the vision of a coordinated service system. Since the literature clearly indicates that the process of coordination takes time to develop, it is possible that State 4 had fewer enabling factors at the time of the study than they might have had without the barrier of changing the lead agency.

Factors Influencing Interagency Service Coordination

Examination of the factors across states (depicted in Figures 4 and 5) that appeared to be facilitating the coordination of services at the time of the case studies reveals several patterns and themes. Each of these themes will be discussed briefly.

History and Climate. Successful experience with interagency service coordination was useful to those states who were fortunate enough to have it. While the degree and amount of previous coordination varies across states, there are several aspects of this factor which appear to provide a strong foundation for coordinated planning and policy development.

A history of key agency decision makers who have worked together over time provides these influential individuals with the opportunity to understand and appreciate each other's perspectives. This has allowed them over time to learn to problem-solve and develop a common perspective. Through these previous efforts of coordination and the process of working together, these individuals had come to trust one another. Cooperative problem solving requires

this ability to work together with an element of trust. Thus, it is not surprising that this factor was influential in four of the states. For example, in one of the states, the Part H coordinator, as well as the division directors of three relevant agencies had been the critical core of state policy makers who had previously planned and advocated for a coordinated service system. In another state, the current key decision makers had started out as staff members in their respective agencies. Thus, they had worked together on a staff level before they were promoted to division directors. In both instances, the development of these successful collaborative relationships took years to develop.

In addition to this history of relationships among key individuals in decision-making positions, there existed an interagency structure and planning process which was either formal or informal. The degree of formality of this structure and process varies across states. For example, one of the case study states had developed a formal interagency structure that was established in legislation in 1981. Another state had used an informal group of state decision makers, as well as an interagency planning group funded by P.L. 98-199. Both of these states also had a history of including parents and service providers in the process of policy development prior to the passage of P.L. 99-457. Thus a history of cooperative policy development, which included interested constituencies (e.g., parents), enabled these states to productively include all of the constituencies required by P.L. 99-457.

This rich history of cooperation among key players has helped to foster a climate conducive to cooperation. This favorable climate

is enhanced by the fact that it exists in several places: across agencies, between the Lead Agency and ICC, as well as among agencies and outside constituencies.

Vision, Leadership, and Support of Key People. Analysis reveals that the development of policies which will lead to a coordinated service system have benefitted from: (1) vision of what a coordinated service system should look like, as well as how these services should be coordinated; (2) a key person within the Lead Agency providing leadership in the development and acceptance of that vision; (3) support and participation of key people from multiple spheres of influence; and (4) a competent Part H staff with diverse skills and attitudes conducive to coordination.

It was evident from this study that the development of a vision of a coordinated service system is essential. This vision needs to include what services will be provided, in what settings, and by whom. This vision also needs to include what roles the various agencies and providers will play, as well as the structure, administration, and coordinating mechanisms. States varied as to the extent to which this vision had been developed. However, three of the states had developed a firm foundation for their vision of a coordinated service system. The sharing of this vision across agencies, various power sources, and constituencies appears to be critical to progress. Either the Lead Agency Director or the Part H coordinator is crucial in providing the leadership necessary for conceptualizing and articulating this vision to various agencies and constituencies.

These findings are consistent with the literature regarding the importance of leadership (Yukl, 1989). The leader for the development of an interagency coordinated service system had some common characteristics. First, these leaders were all in positions which allowed them to make decisions for their agency. Second, they were widely respected and their influence extended beyond their own agency. Third, they willingly included all relevant agencies and constituencies in the process of policy development, and were trusted by their colleagues as team players. They were not constrained by the boundaries of their agencies and were willing to take calculated risks.

Coordination across agencies and programs requires the cooperation and investment of many individuals at several levels within these agencies. Therefore, it is not surprising that the case studies found that it was beneficial to have the support of the division directors of agencies, as well as the program staff who are programmatically responsible for the relevant services. In addition to these key agency individuals, the support from the ICC was also evident. In one state, the Governor's office had played an important role by encouraging and requiring coordinated planning, while in two other states the legislature had been instrumental in legally establishing an interagency structure and process for coordination.

Finally, the Part H staff in most states also made positive contributions to coordinated planning as a result of diverse professional backgrounds, experience and interpersonal skills. The usual approach of an agency is to hire people of similar background (i.e., Department of Education hires professionals trained in

education). In several of the case study states, however, the Part H staff came from a variety of disciplines (e.g., health, education). In addition, they possessed skills necessary for collaboration (i.e., ability to work as part of a team), and were often described as "bridge builders" between agencies and constituencies.

Structure and Mechanisms For Coordination. Although leadership and support are clearly necessary, it is clear, that alone, they were not sufficient for the on-going process of coordination. The possession of a structure and mechanisms that ensured the coordination of planning and service delivery was found to be important to the successful coordination. Two of the case study states have a formalized multi-level interagency structure. For example, in one of the case study states there is an interdepartmental council made up of Commissioners, with one commissioner designated as chair; a child policy council composed of agency division directors of all relevant programs for children; a state level interdepartmental Council for preschool handicapped children (the ICC) that has rule-making authority; and local coordinating councils with local policy making authority. Another state uses a more informal structure to facilitate coordination. That is, there is a state leadership group composed of agency decision makers. They get together to cooperatively plan children's programs, but this group is not a recognized entity in the government structure, nor does it have rule making authority. There is also an interagency coordinating council, but it is advisory and as of yet does not exist in state statute. This same state has encouraged the development of local Councils, as well. Having a

structure that addresses multiple levels (i.e., state and local), as well as different dimensions (i.e., Child Policy Council including state agencies only, and the ICC which has broader representation) seems to aid interagency communication and coordination.

For interagency decisions to be made at the state level alone, there must be: (a) agreement among the Commissioners, because they have to sign the agreement; (b) agreements among the program directors responsible for administering the programs; (c) agreements among the staff members responsible for implementing the programs; and, (d) agreement between state agencies and the local providers who ultimately provide the services. Three case study states indicated that a multi-level interagency structure enhanced communication and agreement.

Three of the states were using Part H staff as liaisons between the Part H project and various state agencies. For example, in one state, the Part H staff is small (2 individuals). One of the staff members who is now located in the lead agency, is being paid by another agency. He is seen as the liaison between the two agencies with respect to Part H. In another larger state, the Part H staff is large (approximately 30 individuals) and many individuals are assigned as liaisons to one of the four participating agencies. In some cases, their salaries are paid for by Part H and in other instances by the agencies with whom they are associated.

Process. In four of the states, there is a systematic, coordinated planning process. This process is participatory in nature and includes all relevant constituencies in a meaningful way. The planning process includes the development of a mission

statement and goals for the service system. Task forces are then appointed with representatives from all of the agencies, services providers, parents, etc. These task forces develop a plan and recommendations for the particular component (e.g., IFSP), then this work is presented to the entire ICC for review. Once the product is nearly complete, it begins its way through the channels of the agencies for approval as well. When the policy has been approved by the ICC it is put out for public review and comment. This is a very brief description of a long and complex process that seeks the input and reactions from many in an organized and systematic fashion.

In these states, this formal process is greatly enhanced by the use of an informal process and contacts among participants. This informal process utilizes the networks of people who have worked together over time. In some states these informal networks are used in the attempt to coordinate with other early intervention initiatives as well. For example, key individuals in the process of developing a coordinated service system for developmentally delayed infants and toddlers also serve as members of various other committees (e.g., committee on infant mortality, committee on substance abuse, committee on dropout prevention). These individuals usually sit on two or three committees, and these multiple memberships form a network of informal communications and personal relationships. Those interviewed in four states felt strongly that the informal processes greatly facilitated whatever formal process was in existence.

Resources. In three states the existence of successful local coordination endeavors that had begun prior to the passage of P.L.

99-457, provided a resource upon which to build and improve coordination at the local level. These diverse endeavors were also used to both provide input into the development of the coordinated service system, as well as piloting policies and providing feedback on their usefulness.

It appears that states needed some financial resources to carry out the planning of the interagency process and system itself. These resources were above and beyond those provided for direct service provision at the local level, and each agencies' needs for resources for agency administrative costs. For example, the activities of several tasks forces (i.e., meetings, transportation, materials, postage) are costly.

The time for agency staff to work specifically on Part H is also costly and must be paid for by the agency or with Part H funds. States were using a variety of approaches to funding the interagency process. For the most part, however, states were using Part H money and/or a separate state appropriation for the interagency endeavor. This was because in all of the states interviewed, Part H funds were insufficient to cover all of the costs of coordination and planning.

Typologies of Interagency Service Coordination

The findings indicate that there are a number of aspects of interagency service coordination that appear to be linked to one another. These four areas include: (1) previous experience and developmental level of interagency coordination at the time of the passage of P.L. 99-457; (2) the purpose or purposes of coordination

selected by the state; (3) the approach to decision making and management of the interagency coordination effort; and (4) the number of factors operating within the state that facilitated the development of an interagency coordinated service system. The patterns of relationships among these characteristics are shown in Figure 6 and result in interagency service coordination typologies.

In general, those states with previous experience in interagency service coordination have purposes that are broader in scope and have multiple factors facilitating service coordination. In addition, they have selected one of the more complex approaches to interagency decision-making and service coordination. Since these states had experience in interagency service coordination and had a base from which to build, it is perhaps more feasible for them to be able to address broader purposes and develop a complex approach to service coordination.

The selection of broader purposes means that the state is seeking to coordinate a large number of services, programs, and agencies. This makes the coordination effort more complex and time consuming for the agency participants. On the other hand, in theory if time is spent by agencies coordinating services, it should require less time on the part of those families to coordinate the services they receive from different agencies. Finally, it likely would be ineffective and illogical to select one of the less complex approaches (i.e., dominant lead agency) in order to accomplish a more complex set of purposes. For example, if a dominant lead agency develops an agreement with one tracking program for children at risk, it then is more difficult to get another tracking program to

PATTERNS OF CHARACTERISTICS OF INTERAGENCY SERVICE COORDINATION

Figure 6

	State 1	State 2	State 3	State 4	State 5	State 6
Experience with Interagency Coordination	Advanced	Advanced	High Moderate	Low Moderate	Beginning	Beginning
Purpose of Coordination	•Continuity of intervention across agencies •Coordination of programs for developmentally delayed and at-risk	•Continuity of intervention across agencies	•Continuity of intervention across agencies •Coordination of programs for developmentally delayed and at - risk •Coordination with other Early Childhood initiatives	•Coordinate programs for developmentally delayed and at-risk	•Coordinate single program aspects	•Coordinate single program aspect
Approach to Coordination	Separate Interagency Unit	Separate Interagency Unit	Lead Agency as Ring Master	Lead Agency as Ring Master	Single Agency Dominant	Single Agency Dominant
Number of Factors Enabling Coordination	6	6	5	3	2	1

develop a separate agreement that is entirely compatible with the first agreement. Indeed, the first agreement may actually be in conflict, then, with other agreements.

The two states (#5 and #6) with the least experience in service coordination have narrow purposes and less complex approaches to service coordination and have very few factors facilitating service coordination. As mentioned earlier, it takes time to develop successful interagency service coordination. Therefore, it is not surprising that these two states would select an approach to service coordination that was consistent with their previous experience and approach. There was one major aspect in which these two states (#5 and #6) differed significantly.

The two states that had less experience in interagency service coordination have very different service histories. One of the states has a long history of providing quality intervention services. Several years ago many individuals were unhappy with the lack of continuity across agencies, and enacted legislation establishing a single agency with the primary responsibility for service provision. This eliminated the need to coordinate a variety of early intervention programs across agencies. The second state has had very few services and very little coordination. These two states also differ with respect to resources - the first is resource rich and the second is resource poor. Thus, these two states that have selected similar purposes and approaches to service coordination, actually differ in many other characteristics.

CONCLUSIONS AND RECOMMENDATIONS

The six case studies took place from December, 1988 through June, 1989. At that time, states had been participating in P.L. 99-457 for one to one and a half years. The literature indicates that not only is interagency coordination difficult to implement, but is a lengthy process as well.

The complexities of interagency service coordination require a longitudinal study to fully understand all of the complexities, as well as the many ramifications of the approaches taken. Therefore, this is the first report, in a series of three, addressing this complex concept. However, based upon the analysis of year 1 data gathered as part of the case studies and on information from other CPSP activities, we make the following recommendations that address areas critical to the successful coordination of services regardless of the state's basic typology of service coordination. In addition, these are areas that can be addressed by states.

States have no control over their previous experience in service coordination. Previous experience or history should be understood and taken into account, but since it has already occurred, little can be done at this time to change or influence that history. Likewise, states have little control over whether they are rich or poor. However, at this stage in implementation there are a number of areas that are amenable to change.

1. **STATES SHOULD SELECT AN APPROACH TO SERVICE COORDINATION THAT IS CONSISTENT WITH THE PURPOSE FOR COORDINATION, AND WHICH ALSO IS**

CONSISTENT WITH THE WAY SERVICES ARE DELIVERED.

One approach to coordination is not necessarily superior to another. Congress has given states the flexibility to define the population to be served, and to design a coordinated service system. That system can be narrow or broad in scope, although it must be comprehensive and multidisciplinary. Equally important is the consideration of how services are delivered. If a state chooses to serve infants and toddlers at-risk, as well as those with developmental delays, it is likely that more than one agency or more than one program within an agency needs to be involved in the coordination of services. It is then probably unproductive for that state to choose an approach to coordination that attempts to develop individual agreements with each of the other relevant programs and agencies. Thus, the scope of the population to be served should influence the number of participants (i.e., agencies, programs, constituencies),and the role of the lead agency in the process of service coordination.

While selecting an approach to coordination that is consistent with both the purpose for coordination and the way the services are delivered appears to be a logical conclusion, it is often likely to be difficult to operationalize. The construction of state agencies, and even individual programs within those agencies, as autonomous units makes the coordination across these units an unnatural act. In many states, agencies are likely to resist working cooperatively with other agencies since it can be a painful, time-consuming process, with little or no rewards from one's superiors. To overcome this

barrier, the focus for reward must be placed on the improvement of services for individual children and families. Agency administrators who are resistant to coordination can be influenced by parents, advocates, and direct service providers who can provide the needed information and pressure necessary to influence these key individuals.

2. LOOK FOR AND BUILD LEADERSHIP THAT IS CONDUCIVE TO ESTABLISHING INTERAGENCY RELATIONSHIPS.

It appears that the location/position of leadership, as well as the characteristics of the leader(s) are important. Within most of the case study states there was leadership coming from an individual with decision making authority, for example, the Director of Special Education or the Director of Child and Family Health. These individuals also shared many personal characteristics. They lead through participatory decision-making, providing a framework for the vision of a service system, and by gaining the trust of diverse constituencies. These individuals are accomplished at the art of negotiation and are often described as "bridge builders" and "fence menders." They are much like a coach with a game plan, understanding that it takes a team to execute the plan and win the game.

While it is possible that someone on the ICC or an individual from another agency could have these skills, it requires a great deal of time to carry out all of the tasks necessary in the provision of leadership as the service system is being developed and approved. While someone on the ICC, or a person from another agency can be

supportive, they already have full-time responsibilities. Thus, if possible, leadership should be found in, or brought into, the lead agency.

If someone with this type of understanding of Part H and leadership skills at a decision making level within the lead agency is not available, it is possible that the Part H Coordinator can play this role. However, because of the lack of authority, the Part H Coordinator will need to already be a part of, or create a small network of, individuals who do have power and influence within the state, and who are willing to spend considerable time educating and influencing decision-makers. While in theory this is possible, it may be very difficult to accomplish.

While it is important that there be a skillful coach, it is also important that there be a team of supportive players, who can act as leaders by influencing other agencies and constituencies, as well. In the case study states, this group of secondary leaders was also critical to the development of structures and policies for a coordinated service system. They were committed and spent a significant amount of time in planning and advocating for this program.

Of equal importance in the case study states was the Part H staff. For the most part, in those states that were building on previous coordination efforts and were continuing to make progress toward the development of a coordinated system of services with supporting policies, the Part H Coordinator and staff also possessed the ability to build bridges and make links between constituencies, mend fences, and encourage people to participate. They also worked

closely with the staff of other state agencies and local providers. They were skillful at providing information and support to these important constituencies as anxieties arose, which often occurs during times when major changes are required.

In summary, the development of a coordinated service system requires leadership in three different places: lead agency policy maker, policy makers in other agencies, and the Part H staff. These individuals should possess the ability to deal with ambiguity, move beyond the linear approach to planning, and possess skills that foster cooperative planning.

3. DEVELOP STRUCTURES, MECHANISMS AND PROCESSES THAT FACILITATE COORDINATION AT MULTIPLE LEVELS.

Since interagency planning and implementation of services conflicts with both the typical structure and roles of state bureaucracy, there must be organizational structures at different levels of decision making within state and local government that acknowledge and facilitate the coordination of programs and services across agencies. The number and nature of these structures will vary depending upon the nature and location of the lead agency. These interagency organizational structures can be formal or informal bodies, or a combination of the two.

The most frequently used approach found in these studies was: (1) the utilization of a commissioner or secretary level group (usually a sub-cabinet of those commissioners with programs for children or children and families); (2) a policy council composed of division directors who attempted to coordinate policy for a variety

of children's initiatives; (3) a group of state agency staff who either formally or informally coordinate activities and planning; (4) a group at the local level (e.g., a local ICC or a Local interagency planning group) that coordinates services and programs. In addition, there is at least one group, usually the ICC, that addresses the coordination of both public and private providers.

Obviously, some of the groups listed above (i.e., Child Policy Council, ICC) spent more time than others in coordinated planning for infants and toddlers with developmental delays. However, each group was important and made some contribution to the coordination of services. The informal process of planning and communication among individuals at the state level in government, as well as across levels and constituencies was extremely important.

The utilization of a "network" was critical to the successful coordination. In nearly every instance, this informal process of communication and planning was used to develop the ideas and policies that were later formally developed and approved. Therefore, it is wise for Part H Coordinators and lead agency directors to get to know their counterparts in other agencies and develop relationships, so that they can discuss issues openly and productively. In four of the case studies states, this kind of communication happened and agreements were made informally before they were made formal or even discussed in a group, like the ICC.

Several of the states selecting broader purposes and more complex approaches are using Part H staff as liaisons with other agencies as a mechanism to facilitate service coordination. While

this has the possibility of helping to build bridges between the Part H program and other agency participants, it also has the potential to cause conflict. After all, who does the staff person "really" work for? Is he/she employed by Part H or the health agency? What does the staff person do when the two bosses disagree? In this instance, it would seem that the staff member would need to be a relatively secure individual, who could live with ambiguity and engender trust and cooperation.

States should use a variety of mechanisms and structures to facilitate the coordination of services. This must not be focused at the state level only or the local level only. There needs to be a combination of coordinated structures at both of these levels. The number of, and formalization of authority for, these structures will depend upon a variety of state characteristics. It is equally important that the state and local structures are not separate from one another, but interact in a synergistic way to ensure adequate coordination at all levels of the service system.

4. STATE POLICY MAKERS MUST BE WILLING TO COMMIT STAFF TIME AND RESOURCES IN ORDER FOR SERVICE COORDINATION TO OCCUR.

Coordinated planning requires staff time. Coordinated planning of a comprehensive system is even more time consuming. Therefore, those individuals at the director level and staff level should have at least a portion of their time designated to participate in a variety of interagency service coordination activities. It is not possible to determine, at this time, with the available data if there is a minimum critical percentage of time that needs to be allocated for

participation in the coordination of planning, policies, and implementation. This will also undoubtedly differ for each of the levels of decision making, as well.

There is also the issue of "official" allocated time versus "actual" allocated time. If for example, an individual has 50% of his/her time officially allocated to Part H activities, but also has been given other agency responsibilities that are time consuming, and in reality require 90% of his/her time to complete, then it is impossible to spend the amount of time allocated for Part H. Therefore, a 50% "official" allocation of time becomes a 10% "actual" allocation of time. An example of this problem has occurred frequently in the Department of Special Education with respect to the Early Childhood Special Education Coordinator. In some instances, this individual is listed as 100% in this position. However, the other responsibilities given this individual such as program monitoring, child find, etc. reduce the amount of actual time to 30-40% for administering the early childhood program.

In addition to guarding against the reduction of time allocated to service coordination, agencies need to be realistic in the length of time and amount of staff time required to effectively coordinate services. Allocating an insufficient amount of time is as destructive as reducing the time. An example of this type of unrealistic time allotment can be found in how agencies administer the Child Find requirement of P.L. 94-142. In some instances, the agency assigns this responsibility to a staff member for 5-10% of his/her time. The small number of preschool children "found" and

served would indicate that this percentage of time is insufficient to effectively plan and implement an effective Child-Find Program.

Both the reduction in, and insufficient allocation of, time to participate in service coordination can be the result of a variety of factors. It can be an indication that decision-makers lack the understanding of the requirements for successful coordination efforts. In some instances it reflects the lack of commitment on the part of these important individuals. Because of the increased demands upon the human services agencies it can also indicate increased expectations of shrinking resources.

Equally important to the commitment of staff is the allocation of some fiscal resources that can be used to administer, manage, and conduct the activities necessary for coordinated planning and service delivery. Interagency endeavors require secretarial assistance, space for interagency meetings and training sessions, and fiscal resources for a variety of materials. The use of in-kind resources from agencies may help considerably with these administrative costs. However, whatever approach is used, needs to recognize the need for resources and an agreement among agencies concerning these resources should be specified.

These recommendations if utilized in combination will help considerably to systematically facilitate interagency service coordination. The higher the support for interagency service coordination is located within state government (i.e., Governor or legislature), the greater the likelihood for success. The complex and fragile nature of the aspects of interagency service coordination in the implementation of Part H of P.L. 99-457, require the support

from as many components of state government and as many constituencies outside of state government as possible. The ICC which is charged with assisting the lead agency in the coordination of early intervention services could be an important vehicle in facilitating the recommendations made in this section. For the promise of interagency service coordination to become a reality the concept must be valued, understood and implemented by individuals both inside and outside of government.

Appendix A

Challenges in Interagency Service Coordination
(Review of the Literature)

Prior to the passage of P.L. 99-457, the fragmented and inaccessible nature of the service delivery system for young children with special needs and their families had been well documented in the literature (Gans & Horton, 1975; Brewer & Kakalik, 1979), as well as in testimony before both the United States Senate and House of Representatives subcommittees on the handicapped. In order to remedy this fragmentation and lack of coordination, Congress passed P.L. 99-457, which requires participating states to coordinate both services and funding across agencies. In addition to the coordination of services and funding, the law requires case management in order to better coordinate services listed in Individual Family Service Plans (IFSP). Thus, the law requires coordination at three different levels: state agency system, local program service delivery, and individual child and family.

While interagency service coordination is widely accepted as a logical solution to accomplish the goals of providing a comprehensive and coordinated service system to infants and toddlers, historically it has been extremely difficult to implement successfully (Brewer & Kakalik, 1979; Gans & Horton, 1975). Many barriers to interagency coordination have been identified (Elder, 1979). These include: agency rigidity (Pollard, Hall, & Keeran, 1979), lack of leadership and involvement from high level decision-makers (Hayes, 1982), protection of turf (Christensen, 1982; Colby, 1987; Leach & Barnard, 1983), competition for financial resources (Colby, 1987), as well as conflicting state and federal policies (Steiner, 1976).

As the scope of P.L. 99-457 is likely to affect many state and local agencies, with the potential of involving the governor, legislature, universities, hospitals, physicians, and local service providers, the efforts to coordinate this vast array of public and private entities presents a tremendous challenge for states. There are numerous barriers to be overcome, and the often fragile nature of the agreements, decisions, process, and political context will greatly affect the success of the states' efforts to implement this legislation (Gallagher, Harbin, Thomas, Clifford, & Wenger, 1988; Meisels, 1985). Indeed, results from another CPSP study to measure states' progress in implementing the fourteen components of Part H of P.L. 99-457 indicated slow progress in the development of interagency activities. For two years, the development of interagency agreements has been one of the components showing the least progress.

Other areas showing slow progress were those relating to the financing of services, which also requires interagency relationships and decision making (Harbin, Gallagher, & Lillie, 1989; Harbin, Gallagher, Lillie, & Eckland, 1990). In a related CPSP study, Harbin, Gallagher, Lillie, and Eckland (1990) found that those states that had developed an interagency administrative structure and process showed more overall progress in the implementation of this law than those states that had not developed such a system for coordinated planning and policy development. It is, therefore, important to gain a better understanding of this critical component if the promise of service coordination is to become a reality for infants, toddlers, and their families.

The literature on interagency service coordination, however, gives little empirical guidance or assistance to policymakers who are charged with the implementation of P.L. 99-457. Most studies have either been theoretical in nature or have failed to address the complexity of the concept. Instead, studies have focused on a single aspect of interagency service coordination (Flynn & Harbin, 1987) such as administrative linkages (Gans & Horton, 1975), inter-organizational relationships (Gans & Horton , 1975; Litwak & Hylton, 1962; Lynn, 1976; Schmidt & Kochan, 1977) or the interpersonal behaviors of those involved in the process (Bronheim, Cohen, & Magrab, 1985).

One major obstacle to understanding the concept of coordination is the lack of a single definition. Although many definitions have been suggested (Agranoff & Pattakos, 1979; Gans & Horton, 1975; Pelosi & Wiegerink, 1981; Redburn, 1977) there appears to be confusion as to the accepted terminology. The terms cooperation, coordination and collaboration frequently are used interchangeablely. On the other hand, other investigators make distinctions among these three terms (Black & Case, 1963; Goldman & Intriligator, 1988; Hord, 1986; Morgan, 1985). The most prevalent view among this group of investigators is that cooperation, coordination and collaboration constitute a hierarchy or continuum of inter-organizational relationships, ranging from the simplest to the most complex. In distinguishing among the three terms (cooperation, coordination, and collaboration), the level of autonomy of the agencies and shared power in decision making among the agencies appears to be of major importance (Goldman & Intriligator,

1988). It is possible, however, that there may be a number of different ways to categorize the extent of service coordination and describe successful inter-organizational relationships.

In addition to confusion in terminology, the multidimensional nature of the concept (Agranoff, 1977; Martin et al., 1983; Rogers & Farrow, 1983) creates significant problems for researchers and policy makers, as there is a lack of agreement as to what specific dimensions comprise this concept (Flynn & Harbin, 1987; Harbin & McNulty, 1990). There have been relatively few attempts to address the multidimensional nature of interagency coordination. Davidson (1976), however, developed a multidimensional framework to assist planners in the development of coordination projects. He identified three major dimensions, which he considered as necessary for the successful implementation of any inter-organizational coordination effort.

These dimensions were: (a) external environmental factors, (b) organizational characteristics, and (c) inter-organizational process factors. The external factors within the environment that were considered important to the process of coordination were the nature of the economy, political pressures, availability of funding, legislative mandates and demographic trends. Organizational factors considered important included resources (money, staff, etc.), domain consensus and degree of interdependence with other organizations. The specific characteristics of the coordination effort itself were grouped under inter-organizational process factors. These factors included history, structure, role conflict of

the group members, behavior of individual members and the provision of leadership.

Flynn and Harbin (1987) developed a multidimensional framework to be used in working with states that were developing an interagency system of services for handicapped children birth through five years of age. The framework developed by Flynn and Harbin contained five broad interactive dimensions: climate, resources, policies, people, and process. While Flynn and Harbin's paradigm has some similarities with Davidson's, it also has some differences. Flynn and Harbin included factors they deemed important, but were omitted by Davidson, such as political climate and support, policies, and decision-making process. Harbin and McNulty (1990) modified this framework by adding agency structure, also largely omitted by Davidson.

Almost simultaneously Kagan, Rivera and Parker (1990) conducted a survey of early care and education collaboratives. They identified five dimensions upon which these collaboratives, existing primarily at the local level, varied. These dimensions were: (1) impetus for formation (i.e., mandate or voluntary); (2) locale (i.e., state, regional, locale); (3) structure; (4) mission (service, system, dual); and (5) accomplishments. Based upon the findings of this study Kagan (1990) has proposed another study which will utilize the three broad dimensions of context (e.g., goals, structure of collaborations, mandate, history), process (e.g. developmental level of coordination activities, leadership, communication) and outcome (intended and unintended) as a framework for conducting a case study of early education collaboratives.

It is the lack of an adequate data base about this complex (Magrab, Flynn & Pelosi, 1985), multidimensional (Agranoff, 1977; Martin, Chackerian, Imershein & Frumkin, 1983; Rogers & Farrow, 1983), poorly defined (Hagebak, 1979; Zald, 1969) concept, that has created problems for researchers, as well as those individuals who are trying to make interagency service coordination a reality.

Appendix B

Approach to Understanding Service Coordination (Methodology)

While the State Progress Scale (Gallagher & Harbin, 1988) is designed to describe the status of states' progress, the case studies focus on six diverse states to understand the processes involved in coordinating services at the state, local, and individual child and family levels.

For the purpose of this study interagency service coordination was operationally defined as agencies or institutions acting together toward a common end, which could not be achieved singly.

Case studies of other aspects of the implementation of Part H of P.L. 99-457 are being conducted concurrently. These include the utilization and coordination of funding sources, policy areas that affect services to families (i.e.,family assessment, development of the Individual Family Service Plan, case management, and procedural safeguards), as well as the states' approach to the over-all implementation of the legislation.

The six case study states were selected because of their diversity on many dimensions. First, we hypothesized that there were a variety of approaches to be taken for successful service coordination. However, it may be possible to identify common elements across different states' approaches to coordination. Therefore, it was important to select states that had the potential for using successful, but diverse, approaches to interagency services coordination. Secondly, we needed variation in the level of states' wealth, geographic location, size, types of minority groups, lead agency and the structure for provision of services, and other demographic characteristics. See Table 1 for a description of the variation of states.

Table 1

Description of Selected States for Case-Study According to Selected Criteria

	A	B	C	D	E	F
Population	3,045 (27)	15,280 (3)	4,265 (19)	5,639 (12)	1,133 (8)	5,781 (11)
Percent of Population in Metropolitan Area	80.5%	79.5%	93.0%	62.3%	36.0%	91.2%
Region of Country	West	South	Mid-Atlantic	South	N-East	N-East
Median Family Income (rank)	$21,279 (12)	$19,617 (17)	$23,112 (3)	$17,414 (37)	$16,167 (47)	$21,166 (14)
Percent Minority Population	12% Hispanic	21% Hispanic	23% Black	27% Black	2% Non-White	6% Non-White
Quality Level of Data System	Low	High	High	Low	High	Med/High
Lead Agency	Education	ICC	Gov. Council	Human Resources	Inter-Dept.	Health
Entitlement	No	No	Yes	No	No	No
History of Services	Moderate	Mod/High	High	Little	High	Mod/High
Number of Funds Coordinated	0	8	13	0	13	2
Development of Financial System	Low	Mod/High	High	Low	High	High
Development Level of ICC	High	Moderate	High	Low	High	Low
Approach to Finance System	New/LRE sliding scale	ICC: State Finance	Gov. Council Coord of Fin.	Traditional	Local Coord. Child-Focused	Traditional Single Agency
Per Capita Taxes	$1,448 (17)	$1,148 (40)	$1,629 (11)	$1,181 (38)	$1,328 (29)	$1,715 (8)

Once the states were selected, protocols were developed for a series of interviews, which served as the primary vehicle for data collection. Appendix D includes a listing of the broad questions used in development of the protocols. Since one of the goals of this project was to be able to compare the data across states, it was important for interviewees in each state to have similar roles and functions. Therefore, interviewees were selected primarily from the Interagency Coordinating Council (ICC), since it is composed of individuals representing different aspects and perceptions of interagency service coordination. In addition, it appeared that in most states, the ICC was involved in conceptualizing the service system and developing the policies, and thus, members would be knowledgeable informants about the policy development process related to service coordination. The group of interviewees included the agency representatives on the ICC. These individuals were usually at a mid-level decision making level within their agencies (e.g. Director of Special Education, etc.). The corresponding staff member within each agency who is responsible for program activities for infants and toddlers was also interviewed. Other ICC representatives interviewed in each state included: parents, local service providers, physicians, and university faculty.

To avoid drawing conclusions based on the responses of a single individual, an attempt was made to obtain at least three different perspectives for each question. The number of interviews across states ranged from 6 to 19, and ranged in length from one to four hours. Some of the individuals interviewed had a long history of involvement in developing and providing coordinated services to

handicapped and at risk young children in their states. Other individuals who were interviewed were newcomers to interagency coordination. Three to four days were spent in each of the six states conducting interviews. In addition, documents from the states were examined prior to the visits. Follow-up phone calls were conducted if necessary, and other materials obtained during the visit were also analyzed. The case studies visits occurred from December, 1988 through June of 1989. Once the interviews were conducted, the interviewer's notes were transcribed and analyzed. Each state's data were analyzed incorporating data and information gathered from materials provided by each state prior to, as well as during our state visit. Detailed written reports of each state were developed and sent back to each state for review and critique in order to verify our interpretations of the information received.

In order to compare the data across states, a matrix was derived using the conceptual framework developed by Harbin and McNulty (1990). A copy of the major dimensions can be found in Appendix C. At the time this study was designed, it was determined that the Harbin and McNulty framework would be the most appropriate for describing and beginning to explain the development of statewide coordination service systems. Kagan had not yet written about her framework and the framework developed by Davidson omitted several factors thought to be of importance. Once the data from all six states had been entered in the matrix, the data were analyzed. The purpose of this analysis was to determine if there were <u>patterns</u> that helped to explain different aspects of interagency service coordination.

Appendix C

Conceptual Framework For Study

Conceptual Framework

The conceptual framework developed by Flynn and Harbin (1987) and modified by Harbin and McNulty (1990) was used to develop the research questions, interview protocols and analyze the data. This framework is based on a multidimensional, interactional, developmental paradigm and contains these six broad dimensions.

History and Climate: A state's past record of service provision and coordination for young children with special needs as well as the attitudes and support among key decision makers regarding the need for, and value of interagency service coordination.

Resources: Availability of fiscal resources, personnel for the purposes of supporting and administering the coordination efforts. This also includes existing local program coordination efforts upon which to build.

Policies: Sets of governing principles established within and among agencies such as legislation, interagency agreements, regulations, or guidelines that support interagency coordination.

Key People: State government officials, agencies' staff, advocacy groups and service providers who play a role in development and implementation of interagency service coordination.

Process: Informal and formal communication and decision-making process used by groups in the development and implementation of interagency service coordination.

Agency Structure: Relationship and location of relevant agencies participating in interagency service coordination, especially the lead agency.

Appendix D

Questions for Interagency Coordination Case Study

RESEARCH QUESTIONS

(1) What is the history and previous structure for planning and interagency service coordination?

(2) Who currently participates in the planning and policy development, including both public and private sectors, related to interagency service coordination?

(3) How many and what kind of services are coordinated?

(4) What is the design for service delivery and how does that relate to interagency service coordination?

(5) What is the model for case management including functions, administrative structure, and role in service coordination?

(6) What is the approach to policy development regarding the IFSP and what is its relationship to service coordination?

(7) What is the role of the ICC in service coordination?

(8) What administrative structures and mechanisms have been/are being developed to facilitate interagency service coordination at the state and local levels?

(9) What policies have been/are being developed to facilitate interagency service coordination?

Appendix E

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